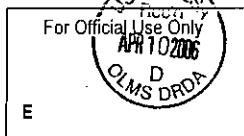


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 433 or 440.



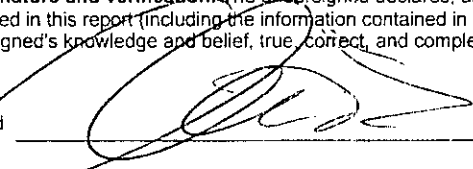
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3492	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name ANTHONY O INORIO P.O. Box, Bldg., Room No., if any P.O. BOX 120680 Street 3 BAER CIRCLE City EAST HAVEN State Connecticut ZIP Code + 4 06512	4. Name, file number, and address of labor organization. Name LABORERS AFL-CIO LU 455 Labor Organization File Number 006 - 744 P.O. Box, Building and Room Number, if any P.O. BOX 120680 Street 3 BAER CIRCLE City EAST HAVEN State Connecticut ZIP Code + 4 06512
5. Position in labor organization. BUSINESS MANAGER / SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 03/30/2005	203-467-5500
	Date	Telephone Number

Name of Person Filing, ANTHONY INORIO

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CONNECTICUT LABORERS ANNUITY FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 435 CAPTIAN THOMAS BLVD</p> <p>City WEST HAVEN</p> <p>State Connecticut ZIP Code + 4 06516</p>	<p>11.a. Nature of such dealing.</p> <p>EDUCATIONAL CONFERENCE REIMBURSEMENT, TRUSTEE TRAINING</p>
	<p>11.b. Approximate dollar value of such dealing. \$2,679</p>
	<p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

Name of Person Filing. ANTHONY INORIO

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business; of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LIUNA LEADERSHIP CONFERENCE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16TH STREET NORTHWEST</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>11.a. Nature of such dealing.</p> <p>EDUCATIONAL CONFERENCE REIMBURSEMENT</p>
	<p>11.b. Approximate dollar value of such dealing. \$463</p>
	<p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

Name of Person Filing, ANTHONY INORIO

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NATIONAL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH STREET NORTHWEST

City WASHINGTON

State District of Columbia

ZIP Code + 4 20006

11.a. Nature of such dealing.

EDUCATIONAL CONFERENCE REIMBURSEMENT

11.b. Approximate dollar value of such dealing.

\$720

12.a. Nature of interest held or income received.

12.b. Amount.

TRUSTEE EXPENSE VOUCHER

Connecticut Laborers Pension Fund

(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT _____ ON _____
(Location) (Date(s))

☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT Carlsbad CA.
(Location)

ON 4/10/05-4/13/05 SPONSORED BY Segal Advisors
(Session Date(s)) (Meeting Sponsor)

☐ OTHER: _____
(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE 4/9/05 DATE OF RETURN 4/14/05

☐ PRIVATE AUTOMOBILE _____ MILES AT _____ c PER MILE \$ _____

☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ 274.79

☒ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ 205.90

HOTEL OR MOTEL:

☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ 1177.50

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ _____

DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 735.28

TOTAL EXPENSES \$ 2393.47

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 2393.47

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ 1646.00

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ _____

OR

☒ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$ 747.47

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

[Signature]
(Signature of Trustee)

DATED THIS 15 DAY OF April 2005
3 Bear Circle East Haven, CT 06512
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

TRUSTEE EXPENSE VOUCHER

CT Laborers' Annuity Fund

(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT _____ ON _____
(Location) (Date(s))

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT Orlando Florida
(Location)

ON 2/13/05 SPONSORED BY International Foundation
(Session Date(s)) (Meeting Sponsor)

☐ OTHER: _____
(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE 2/13/05 DATE OF RETURN 2/17/05

☐ PRIVATE AUTOMOBILE _____ MILES AT _____ PER MILE \$ _____

☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ 185.29

☒ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ 151.68

HOTEL OR MOTEL: 644.60

☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ _____

MEETING REGISTRATION FEE: 1235.00

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) check sent from fund \$ _____

DAILY EXPENSES: 462.57

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ _____

TOTAL EXPENSES \$ 2679.14

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 1444.14

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ 1150.00

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ _____

OR

☒ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$ 294.14

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

[Signature] DATED THIS 28 DAY OF Feb, 2005
(Signature of Trustee) 3 Baer Circle East Haven CT
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

EXPENSE VOUCHER

LIUNA Leadership Conference

THIS VOUCHER IS FOR:

Expenses in connection with attendance at New York City on _____
 (Location) (Date(s))

☒ Expenses in connection with attendance at educational meeting at _____
 on 9-14-05/9-22-05 sponsored by LIUNA
 (Session Date(s))

Other _____
 (Describe Reason for Incurring Expenses)

TRANSPORTATION:

Date of Departure 9-19-05 Date of Return _____

Private Automobile _____ Miles at _____ per mile..... \$ _____

AirFare ✓ Train _____ Bus-(attach copy of ticket)..... \$ 37.00

RentaCar at Meeting Location (attach copy of bill)..... \$ _____

HOTEL OR MOTEL:

☒ Hotel or Motel Expense(attach copy of bill)..... Check + Credit Card \$ 461.20

MEETING REGISTRATION FEE:

Meeting Registration Fee Expense(attach receipt)..... \$ _____

DAILY EXPENSES:

☒ Daily Expenses(From Reverse Side of Voucher)..... \$ 426.41

Total Expenses..... \$ 924.61

SETTLEMENT

Total Expenses Which I Incurred..... \$ 463.41

Less the Amount I Received As An Advance(If Any)..... \$ 1000.00

Equals

☒ Refund Which I Owe To 455 My Check Is Attached..... \$ 136.59

Or

Amount Owing Me By _____ I Request Reimbursement..... \$ _____

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE _____ ACTIVITY NOTED ABOVE.

Dated This 23 Day Of Spt 2005

[Signature] 3 Beque Circle East Haven CT 06512
 (Signature) (Address and City)

Daily Expenses(Attach Receipts For Any Single Item Of \$25. Or More):

Number of Days Spent On This Activity Including Travel Days 4

Date: 9-19-05
Breakfast & Tip \$ 19.50
Lunch & Tip \$ 34.72 ✓
Dinner & Tip \$ 45.45 ✓
Beverages & Tip \$ 12.00
Porters-Bellman \$ 8.00
Limos-Taxis-Buses \$ 7.00

(Other) \$ _____

Total This Date \$ 126.67

Date: 9-20-05
Breakfast & Tip \$ 16.00
Lunch & Tip \$ 22.50
Dinner & Tip \$ 78.00 ✓
Beverages & Tip \$ 10.00
Porters-Bellman \$ 3.00
Limos-Taxis-Buses \$ —

(Other) \$ _____

Total This Date \$ 129.50

Date: 9-21-05
Breakfast & Tip \$ 19.50
Lunch & Tip \$ 39.74 ✓
Dinner & Tip \$ 24.00
Beverages & Tip \$ 10.00
Porters-Bellman \$ 3.00
Limos-Taxis-Buses \$ 7.00

(Other) \$ _____

Total This Date \$ 103.24

Date: 9-22-05
Breakfast & Tip \$ 10.00
Lunch & Tip \$ 21.00
Dinner & Tip \$ —
Beverages & Tip \$ 6.00
Porters-Bellman \$ 5.00
Limos-Taxis-Buses \$ 7.00
Mail Service \$ 10.00

(Other) \$ _____

Total This Date \$ 67.00

Date: _____
Breakfast & Tip \$ _____
Lunch & Tip \$ _____
Dinner & Tip \$ _____
Beverages & Tip \$ _____
Porters-Bellman \$ _____
Limos-Taxis-Buses \$ _____

(Other) \$ _____

Total This Date \$ _____

Total Of All Daily Expenses \$ 426.41
(Transfer amount to front side of voucher)

.....
EXPLANATIONS (IF NEEDED):

EXPENSE VOUCHER

THIS VOUCHER IS FOR:

Expenses in connection with attendance at _____ on _____
 (Location) (Date(s))

☒ Expenses in connection with attendance at educational meeting at Paris hotel Las Vegas
 on 6-8-05-6-11-05 sponsored by National Heavy & Highway Alliance
 (Session Date(s))

Other 50th Anniversary Conference
 (Describe Reason for Incurring Expenses)

TRANSPORTATION:

Date of Departure 6-7-05 Date of Return 6-12-05

Private Automobile Miles at _____ per mile..... \$ _____

☒ AirFare _____ Train _____ Bus-(attach copy of ticket) pd by Local \$ 659.80

RentaCar at Meeting Location (attach copy of bill)..... \$ _____

HOTEL OR MOTEL:

☒ Hotel or Motel Expense(attach copy of bill) pd by Local \$ 659.45

MEETING REGISTRATION FEE:

☒ Meeting Registration Fee Expense(attach receipt) pd by Local \$ 100.00

DAILY EXPENSES:

☒ Daily Expenses(From Reverse Side of Voucher)..... \$ 719.97

Total Expenses..... \$ _____

SETTLEMENT

Total Expenses Which I Incurred..... \$ 719.97

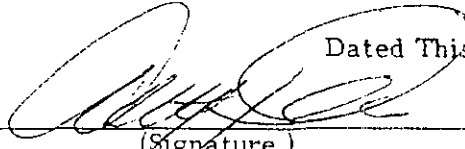
Less the Amount I Received As An Advance(if Any)..... \$ 900.00

Equals

☒ Refund Which I Owe To Local My Cash Is Attached..... \$ 180.03
 Or

Amount Owing Me By _____ I Request Reimbursement..... \$ _____

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE _____ ACTIVITY NOTED ABOVE.

 Dated This 13 Day Of 6 ~~19~~ 2005

(Signature) (Address and City)

Daily Expenses(Attach Receipts For Any Single Item Of \$25. Or More):

Number of Days Spent On This Activity Including Travel Days 6

Date: 6-7-05

Breakfast & Tip \$ 17.50
Lunch & Tip \$ 24.00
Dinner & Tip \$ 41.59
Beverages & Tip \$ 12.00
Porters-Bellman \$ 20.00
Limos-Taxis-Buses \$ 15.00

(Other) \$ _____

Total This Date \$ 130.09

Date: 6-8-05

Breakfast & Tip \$ 21.00
Lunch & Tip \$ 29.64
Dinner & Tip \$ 48.29
Beverages & Tip \$ 14.00
Porters-Bellman \$ 10.00
Limos-Taxis-Buses \$ _____

(Other) \$ _____

Total This Date \$ 122.93

Date: 6-09-05

Breakfast & Tip \$ 20.00
Lunch & Tip \$ 30.18
Dinner & Tip \$ 40.38
Beverages & Tip \$ 12.00
Porters-Bellman \$ 5.00
Limos-Taxis-Buses \$ _____

(Other) \$ _____

Total This Date \$ 107.56

Date: 6-10-05

Breakfast & Tip \$ 21.00
Lunch & Tip \$ 27.54
Dinner & Tip \$ 36.32
Beverages & Tip \$ 14.00
Porters-Bellman \$ 8.00
Limos-Taxis-Buses \$ 10.00

(Other) \$ _____

Total This Date \$ 116.86

Date: 6-11-05

Breakfast & Tip \$ 28.48
Lunch & Tip \$ 34.03
Dinner & Tip \$ 37.66
Beverages & Tip \$ 12.00
Porters-Bellman \$ 5.00
Limos-Taxis-Buses \$ _____

(Other) \$ _____

Total This Date \$ 117.17

Date: 6-12-05

27.01
16.00

10.00
maid 20.00
parking 37.35
taxi 15.00

125.36

Total Of All Daily Expenses \$ 719.97
(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):